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Total Number of Pages in this Submission

Application Number	09/774,893
Filing Date	January 31, 2001
First Named Inventor	Morgan et al.
Group Art Unit	2634
Examiner Name	Deppe, B.
Total Number of Pages in this Submission	4
Attorney Docket Number	CE08567R

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ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)-Replacement Sheet(s)	<input type="checkbox"/> Communication to Group
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> of Appeals and Interferences
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> RCE
		<input type="checkbox"/> Copy of Notice to File Missing Parts
		<input type="checkbox"/> Transmittal of Formal Drawings
		<input type="checkbox"/> Response to Notice of Non- Recordation of Document

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Steven A. May	Registration No.	44,912
Signature			
Date	September 30, 2004		

CERTIFICATE OF TRANSMISSION

hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313

Typed or printed name Nanette Orr

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Date September 30, 2004



FEE TRANSMITTAL

Patent fees are subject to annual revision

Complete if Known

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TOTAL AMOUNT OF PAYMENT	(\$)	Attorney Docket No. CE08567R	

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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number 50-2117</p> <p>Deposit Account Name Motorola, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. 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Signature	Date	September 30, 2004																																																																																																																																																																																																																																										